

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

Joyce Fernandez

COMPLETE IF KNOWN

Application Number

/

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Child Sling

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label Correspondence address below

Name	<i>Joseph B. TAPHORN</i>		
Address	8 SCENIC Dr.; HAGAN Farms		
City	Poughkeepsie	State	NY 12603- ZIP 5521
Country	USA	Telephone	845/462-3262 Fax 845/462-3262

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :	<input type="checkbox"/>	A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	<i>Joyce</i>		Family Name or Surname	<i>Fernandez</i>
Inventor's Signature	<i>S. Fernandez</i>			<input checked="" type="checkbox"/> Date 10-01-2003
Residence: City	Wappingers Falls	State	NY	USA Citizenship
Mailing Address	<i>11 Alladin Ct.</i>			
City	Wappingers Falls	State	NY 12590	USA Country
NAME OF SECOND INVENTOR:	<input type="checkbox"/>	A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname			
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	ZIP	Country	

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → **[+]**

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	<i>Joyce Fernandez</i>
Title	<i>Child String</i>
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

Practitioners at Customer Number → Place Customer Number Bar Code Label here

OR

Practitioner(s) named below:

Name	Registration Number
<i>Joseph B. TAPHORN</i>	<i>16,788</i>

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	<i>Joseph B. TAPHORN</i>		
Address	<i>8 Scenic Dr.</i>		
Address	<i>HAGAN Farms</i>		
City	<i>Poughkeepsie</i>	State	<i>NY</i>
Country	<i>USA</i>		
Telephone	<i>845/462-3262</i>	Fax	<i>845/462-3262</i>

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	<i>Joyce Fernandez</i>
Signature	<i>Joyce Fernandez</i>
Date	<i>10-01-2003</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

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